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Datant
Patent

a worney's	Docket No.:	<u>42P10315</u>	

In re the Application of: Crafts et al.

TECH CENTER 2800 (inventor(s))

Application No.: _ 09/821,935

Filed: March 30, 2001

METHOD AND APPARATUS FOR ALIGNING AND ORIENTING POLARIZATION MAINTAINING For:

OPTICAL FIBERS

(title)

Mail Stop Amendment

COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, Virginia 22313-1450

SIR: Transmitted herewith is a Response and Amendment for the above-referenced application.

Applicant claims small entity status. See 37 CFR 1.27.

No additional fee is required.

The fee has been calculated as shown below:

		Col. 1)		(Co	ol. 2)	(Col. 3)
	C	Claims		High	est No.	
	Rer	maining	ł		iously	Present
	Afte	er Amd.		Paid	d For	Extra
Total Claims	*	27	Minus	**	30	0
Indep. Claims	*	8	Minus	***	4	4
	Fir	st Preser	ntation o	f Multi	ple	
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If the entry in Col. 1 is less than the entry In Col. 2,

If the "Highest No. Previously Paid For" IN THIS

write "0" in Col. 3.

	<u>SMAI</u>	L ENTITY
	Rate	Additional Fee
	X9	\$
	X43	\$
	+145	\$
A	Total dd. Fee	\$

Additional Rate Fee X18 \$ 0 X86 | \$ 344 +290 S

OTHER THAN A **SMALL ENTITY**

Total 344 Add. Fee

SPACE is less than 20, write "20" in this space. If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

CERTIFICATE OF MAILING BY FIRST CLASS MAIL (if applicable)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450

on	June 28, 2004	
	Date of Deposit	

Adrian Villarreal

Name of Person Mailing Correspondence

Signature

_X	A check in the amount of \$ 344.00 is attached for presentation of additional claim(s).
	Applicant(s) hereby Petition(s) for an Extension of Time of month(s) pursuant to
	37 C.F.R. § 1.136(a).
	A check for \$ is attached for processing fees under 37 C.F.R. § 1.17.
	Please charge my Deposit Account No. <u>02-2666</u> the amount of \$
	A duplicate copy of this sheet is enclosed.
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	X Any additional filing fees required under 37 C.F.R. § 1.16 for presentation of extra claims.
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Date:	6/28/2014 BLAKELY SOKOLOFF TAYLOR & ZAFMAN LLP
Date: _	
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